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ಶ್ರೀನಿಧಿ ಸೌಹಾರ್ದ ಸಹಕಾರಿ ಬ್ಯಾಂಕ್  
ನಿಯಮಿತ, ಬೆಂಗಳೂರು  
**Sreenidhi Souharda Sahakari  
Bank Niyamitha**

H.O. : # 113, R.V. Road,  
Visveswarapuram, Bengaluru - 560 004.

## Account Opening Form

C.C. No. :

Membership No. :

Pan :

Branch :

.....

ACCOUNT CHOICE	<b>1. TERM DEPOSITS</b>
	<input type="checkbox"/> Fixed / TDR
	<input type="checkbox"/> Cumulative / RD
	<input type="checkbox"/> Sreenidhi Cash Certificate
	<input type="checkbox"/> Any other (Specify)

CONSTITUTIONS	<input type="checkbox"/> Individual	<input type="checkbox"/> Private Ltd. Co.
	<input type="checkbox"/> Joint Account	<input type="checkbox"/> Public Ltd. Co.
	<input type="checkbox"/> Proprietary	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Trust	<input type="checkbox"/> Co-operative Society
	Any other (Specify)	
	<input type="checkbox"/> Minor A/c	

DEPOSITS	<b>3. DEPOSIT AMOUNT RS.</b>
	In words.....
	.....
	Plan Period .....

MINORS	<b>4. Guardian's Name:</b> .....
	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father
	Any other (Specify)

INTRODUCED BY	<b>5. NAME:</b> .....
	ADDRESS
	C.C. ....
	A/C No. ....
	I/WE KNOW THE APPLICANT/S FOR THE LAST _____ YEARS/ MONTHS AND RECOMMEND THEM TO YOUR BANK
	CITY Pin Code
	SIGNATURE OF INTRODUCER
	Introducer's signature verified by me
	Clerk

NAME	<b>6.</b>	1. Mr./Ms./M/s
	2. S/o, W/o, D/o	
	3. Date of Birth	4. Occupation
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	2. S/o, W/o, D/o	
	3. Date of Birth	4. Occupation
	1. Mr./Ms./M/s	
	2. S/o, W/o, D/o	
	3. Date of Birth	4. Occupation

ADDRESS	<b>7.</b>	.....
	.....	
	.....	
	Phone:..... Mobile ..... Fax .....	

OPERATION	<b>8. FOR JOINT A/C's SEVERALLY/JOINTLY/EITHER OR SURVIVOR</b>
	.....
	Any other (Specify)

SPECIMEN SIGNATURE	<b>9.</b>	1. *
	2. *	
	3. *	

REMARKS	<b>10.</b>	

### FOR BANK'S USE

Rate of Interest ..... Period ..... FDR/Certificate No. ....

Maturity date ..... Maturity Value ..... A/C. closed on .....

Verified : ..... A/c. opened by : ..... Date : .....

Branch Manager / Officer ..... A/C. No. ....

STANDING INSTRUCTIONS

**11. FOR TERM DEPOSITS**

☐ AUTO RENEWAL  
  
☐ PAY PERIODICAL INTEREST ON THE DEPOSIT

☐ YES  
  
☐ Monthly  
  
☐ Half Yearly  
  
☐ On Maturity

☐ NO  
  
☐ Quarterly  
  
☐ Yearly

INT. PAYMENT MODE

TR. TO SB/CR A/c No.

BY CASH / PAY ORDER

**FOR RECURRING DEPOSIT**

Debit my SB Account No. \_\_\_\_\_

for Credit of my RD Account No. \_\_\_\_\_

AUTHORISATION & DECLARATIONS

**12.**

The Bank based on this application form the authorised Signatories mentioned under 'Operation', in its absolute discretion and subject to such terms and conditions as the Bank may Stipulate, can make payments/pre-mature payments of the proceeds of the Deposit at the time of closure of the Account.

I/We confirm that the rules and regulations of the Bank and Reserve Bank of India in force for this scheme have been read by me/us and I/We agree to abide and be bound by the same. I/We also agree to abide by the rules and regulations which may be modified from time to time.

I/We hereby agree and authorise to you deduct the applicable TDS.

Premature withdrawal of deposit by the surviving joint depositor on the death of the other without seeking concurrence of the legal heirs of the deceased depositors.

\* Signature of the Depositor/s

NOMINATION

**NOMINATION FORM DA-1**

Nomination under Section 45ZA read with section 56 of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of Bank Deposits.  
(to be filled in by the Depositor for this Facility)

I/We (Names & Addresses) \_\_\_\_\_ nominate the following person to whom in the event of My/Our/Minor's death, the amount of deposit, particulars there-of are given below, may be returned by the Sreenidhi Souharda Sahakari Bank Niyamitha

Nature of Deposit	Name	Address	Relationship with Depositor if any	AGE	If nominee is a Minor his/her date of birth

2. As the Nominee is a minor<sup>•</sup> on this date, I / We appoint Sri / Smt./ Kumari \_\_\_\_\_ (Name, address and age) to receive the amount of the Deposit on behalf of the Nominee in the event of my/our/minor's death during the minority of the nominee.

\* \_\_\_\_\_

Place : Bangalore

Date :        /        /201        \*\* **Signature(s)/Thumb Impression(s) of Depositor(s)**

\*\*\* **Witnesses :**

1. Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

2. Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

RENEWAL DETAILS

**Note :** •Strike off, if nominee is not a minor \* Signature of Applicant

\*\* Where Deposit made in the name of the minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

\*\*\* Thumb impression(s) shall be attested by two witnesses.